

AUTHORITY: R 390.1135 and R 380.206
of the Michigan Administrative Rules.
COMPLETION: REQUIRED. (Certificate
will not be issued if form is not filed.)

APPLICATION FOR ADVANCED CERTIFICATE RENEWAL

(This form is NOT for provisional renewal or initial professional certification.)

Indicate below the type of certificate you wish to renew:

☐ Professional Education Certificate ☐ Occupational Education Certificate ☐ School Psychologist Certificate ☐ School Counselor License

GENERAL INFORMATION:

This application is for school personnel who wish to renew one of the advanced certificates listed above.

The renewal of the advanced certificate requires completion of 6 semester hours of credit at any four-year or community college listed in the Directory of Michigan Institutions of Higher Education, or 18 State Board Continuing Education Units (SB-CEUs). Also, a combination of semester hour credits and SB-CEUs is acceptable (3 SB-CEUs are equivalent to 1 semester hour of credit). Credits completed at approved out-of-state institutions are also acceptable. Credits earned should be relevant to your professional growth as it relates to your current position. Semester credits or SB-CEUs must have been completed within the five-year period preceding the date of application and after the date of issuance of the previous certificate.

Credit earned through correspondence is not acceptable. However, academic credit earned from an approved higher education institution via a distance learning program, which employs telecommunications, interactive learning, and/or group discussion is acceptable. Proof of academic or SB-CEU credit earned for certificate renewal must be retained by the applicant in the case of audit. **DO NOT SUBMIT TRANSCRIPTS WITH THIS APPLICATION.**

The application form for certificate renewal should be submitted to the Michigan Department of Education at the address above beginning January 1st of the year the certificate will expire.

INSTRUCTIONS:

1. Do not apply until all requirements are completed.
2. Please type or print complete information for sections 1-5.
3. Attach a photocopy of the front side of the certificate you want to have renewed.
4. After your application is processed you will be billed \$125.00. **DO NOT MAKE PAYMENT UNTIL YOU RECEIVE THE FEE REMITTANCE STATEMENT.**

● **PLEASE ALLOW FOUR (4) WEEKS FOR PROCESSING.**

1. APPLICANT INFORMATION (Please type or print.)

(2) SOCIAL SECURITY NUMBER	(11) NAME (Last , First , Middle Initial)	MAIDEN NAME (If applicable)	
(36) STREET ADDRESS (Home)		(54) CITY/STATE	(69) ZIP CODE
(74) DATE OF BIRTH (mm/dd/yy)		TELEPHONE---AREA CODE/NO./EXT.	

2. In the spaces below, please provide **complete** information on the SB-CEUs earned for the certificate renewal. This page may be duplicated if needed. PLEASE TYPE OR PRINT.

TITLE OF SB-CEU PROGRAM	APPROVAL NUMBER OF SB-CEU PROGRAM <i><u>This must be completed.</u></i>	NO. of SB-CEUs EARNED	SPONSORING AGENCY OF SB-CEU PROGRAM	ENDING DATE (MM/DD/YY) OF PROGRAM
● TOTAL NUMBER OF SB-CEUs EARNED:				

3. In the spaces below, please provide **complete** information on the semester credit hours earned for the certificate renewal. PLEASE TYPE OR PRINT.

NUMBER AND TITLE OF COURSE	NO. OF SEMESTER CREDIT HRS.	COLLEGE/UNIVERSITY (and address if out-of-state)	MM/DD/YY OF COMPLETION
TOTAL NO. OF SEMESTER HRS.EARNED:			

4. Evaluation of SB-CEUs and Semester Credit Hours for Professional Education/Occupational Education/School Psychologist certificate renewal: **NOTE:** Table below for calculating SB-CEUs and semester hours for recertification purposes.

<u>NO. OF SEMESTER HOURS COMPLETED</u>	<u>BALANCE NEEDED IN SB-CEUs</u>
6 hrs	0 SB-CEUs
5	3
4	6
3	9
2	12
1	15
0	18

TOTAL NUMBER SEMESTER CREDIT HOURS EARNED: _____

TOTAL NUMBER SB-CEUs EARNED: _____

● **NOTE:** If a combination of SB-CEUs and semester hours are reported, the above table may be used to calculate the completion of 18 SB-CEUs or the equivalent of 6 semester hours required for certificate renewal.

5. Response to the following section is **mandatory** for the completion of the application for certificate renewal.

- | | YES | NO |
|--|--------------------------|--------------------------|
| a. Have you ever been convicted of (or pleaded no contest to) a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever been convicted of (or pleaded no contest to) a misdemeanor involving a child? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you ever had a teaching/administrator/school psychologist/school counselor certificate/license suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you ever surrendered a teaching/administrator/school psychologist certificate? | <input type="checkbox"/> | <input type="checkbox"/> |

ADVISORY: In accordance with Public Act 96 of the Public Acts of 1995, it is a criminal offense to use or attempt to use a college, university or State Board of Education Continuing Education Unit transcript, that is fraudulently obtained, altered, forged, or other fraudulent credentials to obtain a teacher, school administrator, or school psychologist certificate, or other State Board approval.

SIGNATURE OF APPLICANT

DATE

---DO NOT WRITE BELOW THIS LINE---

SIGNATURE OF EVALUATOR

DATE